



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare &
Medicaid Services

Refer to DMCH: SJ

Region II
Federal Building
26 Federal Plaza
New York, N.Y. 10278

May 11, 2011

Jason A. Helgersen
Deputy Commissioner
New York State Department of Health
Corning Tower, Empire State Plaza
Albany, New York 12237

Dear Commissioner Helgersen:

This is to notify you that New York State Plan Amendment (SPA) #08-27 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2008. The SPA concerns the rates of payment for personal care service agencies; specifically, it provides for additional funding to agencies for the purpose of improving recruitment and retention of non-supervisory workers, or workers with direct patient care responsibility. Funding will be for providers in programs that furnish services in local social services districts that include a city with a population of over one million persons, and also those districts which do not include a city with a population of over one million persons.

This SPA approval consists of 4 Pages. As New York has requested, we are approving the following Attachment 4.19B Pages which were submitted with the State's April 14, 2011 electronic submission to the CMS SPA Mailbox: Attachment 4.19-B-Page 6(a), Page 6(a)(i), Page 6(a)(i)(1) and Page 6(a)(i)(2). These Pages replace the Attachment 4.19-B-Page 6(a)(i), and Page 6(a)(i)(A), which were provided with the State's original June 23, 2008 SPA submission.

This amendment satisfies all of the statutory requirements at sections 1902(a)(13) and (a)(30) of the Social Security Act, and the implementing regulations at 42 CFR 447.250 and 447.272. Enclosed are copies of SPA #08-27 and the HCFA-179 form, as approved. If you have any questions or wish to discuss this SPA further, please contact Ricardo Holligan or Shing Jew of this office. Mr. Holligan may be reached at (212) 616-2424, and Mr. Jew's telephone number is (212) 616-2426.

Sincerely,

/s/

Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure: SPA #08-27
HCFA-179 Form

CC: JUlberg
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KKnuth
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